



مصلحة الموانئ والنقل البحري
Ports & Maritime Transport Authority of Libya
طلب تمديد موعد معاينة الجزء المغمور ،
المعاينة الخاصة أو الشهادات القانونية
**Application for Extension of Bottom Survey,
Special Survey or Statutory Certificates***

NOTES:

- 1- Kindly be advised that you will need the following information to fill in the form: -
A) Ship's particulars & B) Details of certificate concerned.
- 2- Please complete the application form and submit it through the Classification Society to Maritime Affairs Department, Ports & Maritime Transport Authority of Libya (smepr@lma.ly)
Tel./ Fax. : + 218 21 489 1356).
- 3- Please enclose a copy of the relevant certificates or documents, which requires extension.
- 4- Please submit the application at least 5 working days prior to the expiry of the certificate.
- 5- Please note that processing time is normally within 3 working days.

SHIP'S PARTICULARS

1.	Name of Vessel:		2.	Ship Type:	
3.	Gross Tonnage:		4.	IMO Number:	
5.	Keel Laid Date:		6.	Classification Society:	

I) PROPOSED EXTENSION STATUS OF BOTTOM SURVEYS

- 6- Dates of last two bottom surveys (to state in dry dock or in-water):
I) Date 1: (in dry dock/ in-water) ii) Date 2: (In dry dock/ in-water)
7- Next due date for docking / in-water survey:
8- Duration since last docking / in-water survey:
9- Requested extended date of docking /in-water survey:
10- Safety Construction Certificate original issue date: Expiry date:
11- Duration of requested extended date since last bottom survey:

II) PROPOSED EXTENSION OF DUE DATE FOR SPECIAL SURVEY

- 12- Date of last special survey: 13. Due date of special survey:
15- Proposed extended due date:
16. Reasons for extension and proposed conditions:

III) PROPOSED EXTENSION OF STATUTORY CERTIFICATES OR ISSUANCE OF SHORT TERM CERTIFICATES:

	Type of Certificate	Date of Issue	Original Date of Expiry	Date of last Annual Survey	To be Extended or Issued till
1					
2					

17. Proposed conditions for extension or issue of short-term certificate:
PROPOSED CONDITIONS FOR ANY OF THE ABOVE: (To be provided by the Classification Society)
18. PARTICULARS OF APPLICANT

Name: Owner / Company / Agent*:

Telephone No.: Fax No.:Email: Date:

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